

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

City of Concord/Code Administration City Hall Annex, 37 Green Street, Concord NH 03301 Phone (603) 225-8580 Fax (603) 225-8586

ray areas – office use only IAP-BLOCK-LOT	ZONING	DISTRICT
OWNER or LESSEE		
Mailing Address		
	Email	
CONTRACTOR		
Mailing Address		
Phone	Email	
COST		
COST Construction	\$	
COST Construction	\$ \$	
COST Construction Mechanical/HVAC	\$	
COST Construction Mechanical/HVAC Electrical	\$ \$ \$	
COST Construction Mechanical/HVAC Electrical Plumbing Other	\$ \$ \$ \$	
COST Construction Mechanical/HVAC Electrical Plumbing Other Total cost of project	\$	
COST Construction Mechanical/HVAC Electrical Plumbing Other Total cost of project	\$	
COST Construction Mechanical/HVAC Electrical Plumbing Other Total cost of project	\$	

TYPE OF IMPROVEMENT	
 New Building Addition Alteration Replacement Foundation Only 	□ Other
PROPOGED LIGE	
PROPOSED USE □ Residential (1&2 family & accessory)	□ Commercial/Industrial/Institutional
□ Single Family	□ Assembly □ Institutional
☐ Two Family ☐ Townhouses	☐ Business ☐ Mercantile
☐ Townhouses ☐ Garage/barn	□ Education□ Residential□ Factory□ Storage
	☐ High Hazard ☐ Utility
	- Ingn Hazard - Cunty
□ Other	□ Other
	_
WATER SE	EWER
□ City Water □	City Sewer
□ Private Well □	Private Septic System
FIRE ALARM & SUPPRESSION Does the building have or is proposed to Fire Alarm System Sprinkler System Other Fire Suppression System	o have:
INTERIOR RENOVATIONS. The plan shall of	UIRED FOR ALL APPLICATIONS EXCEPT denote property boundaries, locations of existing wetlands, and proposed buildings and/or structures.
	or that the owner of record has authorized me to make e applicant I agree to conform to all applicable laws State of New Hampshire.
	ne only permit required for your project. Mechanical, ed, as well as permits issued by the Fire Department.
SIGNATURE OF APPLICANT	DATE

Application Fee Cost of Project Fee Square Footage Fee	<u>\$</u> <u>\$</u>
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Square Footage Fee	Ψ
1 0	\$
Plan Review Fee	\$
Impact Fee	\$
Other	\$
Total	\$
Front	
Side	
vals Required:	
□ Zoning □ F	ire Department
□ Demolition □ E	ngineering
□ Health □ P	lanning
7:	Date:
	Other Total Front Rear Side vals Required: Zoning